

# RESIDENT REQUEST

CENTER:

DATE: 2-1-16

RECEIVED  
FEB 02 2016

TO: Steve Arnold

OFFICE:

FROM: Craig Shipp

NUMBER:

JOB:

SUPERVISOR:

WORKING HOURS:

HOUSING UNIT:

Give a detailed reason for request:

Orthotic diabetic shoes for  
Charcot joint

Craig Shipp  
Residents Signature

ACTION TAKEN:

2-2-16

IF you NEED special shoes you will need to GO  
SEE MEDICAL

E. Arnold / 2-2-16

RESPONDANT'S SIGNATURE



CRCA.000001

ACCIDENT REQUEST

CENTER: SWACCC

DATE: 2-12-16

TO: ~~Warden Arnold~~

OFFICE:

FROM: Craig Shipp

NUMBER: 660 878

JOB:

SUPERVISOR:

WORKING HOURS:

HOUSING UNIT: 4-S

RECEIVED  
FEB 21 2016

GIVE A DETAILED REASON FOR REQUEST:

open wound on left foot. And Charcot joint  
on left foot causing bones to break down.  
Need special orthotics.

This must be addressed in a Alex case  
due to it has to be evaluated for medical  
necessity by the doctor.

*Craig Shipp*

(RESIDENT'S SIGNATURE)

ACTION TAKEN:

2-12-16

- Medical

*E. O. / 2-12-16*

*Debra Quenna HSA 2/15/16*  
(RESPONDANT'S SIGNATURE AND DATE)